



CITY OF ABERDEEN APPLICATION FOR BUSINESS LICENSE

FINANCE DEPARTMENT • 200 E. MARKET ST. • ABERDEEN, WA 98520-5207 • (360) 537-3225

INSTRUCTIONS: (PLEASE READ BEFORE COMPLETING APPLICATION).

1. Complete items 1 through 16 below and sign application.
2. Return completed application with remittance to above address retaining PINK copy for your records.
3. Information provided may be subject to public disclosure (per chapter 42.17 RCW).

DEPARTMENTAL APPROVAL:

FINANCE _____

PLANNING _____

POLICE _____

BLDG _____

FIRE _____

1. BUSINESS NAME	2. OWNER(S) NAME
3. WA STATE TAX / UBI #	4. OPENING DATE IN ABERDEEN
5. Have you ever operated a business in Aberdeen before? _____ If yes, what was the business name(s)/approx. dates? _____	
6. LICENSE TYPE: <input type="checkbox"/> ANNUAL <input type="checkbox"/> TEMPORARY	
7. TYPE OF BUSINESS: (✓ as many as apply) <input type="checkbox"/> Retail/Wholesale Sales <input type="checkbox"/> Service <input type="checkbox"/> Contracting - St. Lic. # _____ <input type="checkbox"/> Manufacturing/Extracting <input type="checkbox"/> Admissions <input type="checkbox"/> Non-profit (Attach proof of IRS tax exempt status) <input type="checkbox"/> Utility <input type="checkbox"/> Gambling <input type="checkbox"/> Other _____	
8. DESCRIBE BUSINESS ACTIVITY: _____	
9. PHYSICAL BUSINESS LOCATION BUSINESS PHONE # (_____) _____ STREET _____ CITY _____ ST _____ ZIP _____ IS THIS ADDRESS YOUR HOME? _____ YES _____ NO	10. BUSINESS MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL ADDRESS) STREET _____ CITY _____ ST _____ ZIP _____
11. CHECK ONE & COMPLETE: <input type="checkbox"/> SOLE PROPRIETOR (13) <input type="checkbox"/> PARTNERSHIP (13) <input type="checkbox"/> CORPORATION / LLC (12)	
12. CORPORATIONS / LLC: CORP. / LLC NAME _____ CORP. / LLC PHONE NUMBER (_____) _____ CORP. / LLC MAILING ADDRESS _____ ATTACH LIST OF CORPORATE OFFICERS / LLC MEMBERS INCLUDING HOME ADDRESS, HOME PHONE #, DATE OF BIRTH, AND DRIVERS LICENSE NUMBER. (NON-WASHINGTON STATE CORPORATIONS ATTACH NAME AND ADDRESS OF LOCAL OR REGISTERED AGENT FOR SERVICE OF PROCESS).	
13. SOLE PROPRIETOR & PARTNERSHIPS: NAME _____ LAST _____ FIRST _____ M.I. _____ BIRTHDATE _____ HOME ADDRESS _____ CITY _____ ST _____ ZIP _____ MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____ HOME PHONE (_____) _____ DRIVERS LICENSE # _____ <input type="checkbox"/> Check if Unlisted Phone Number NAME _____ LAST _____ FIRST _____ M.I. _____ BIRTHDATE _____ HOME ADDRESS _____ CITY _____ ST _____ ZIP _____ MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____ HOME PHONE (_____) _____ DRIVERS LICENSE # _____ <input type="checkbox"/> Check if Unlisted Phone Number	
14. EMERGENCY INFORMATION (Person Fire or Police Departments would contact in case of emergency regarding your business.) 1. NAME _____ PH # (_____) _____ 2. NAME _____ PH # (_____) _____ RELATIONSHIP _____ RELATIONSHIP _____ OWNER OF BUILDING _____ # OF PARKING SPACES _____ FLAMMABLE MATERIALS _____ PREVIOUS USE OF BUILDING _____ AVAILABLE _____ TO BE STORED _____	
15. APPLICANT SIGNATURE _____ DATE _____ PRINT NAME _____ BUS. PH # (_____) _____ DATE PAID _____ TRANS # _____ POSTED _____ LICENSE # _____ SIC _____ MAILED _____ COMPUTER SETUP _____	AMOUNTS PAID: APPLICATION FEE - ANNUAL \$25.00 #2002 \$ _____ APPLICATION FEE - TEMPORARY \$15.00 #2002 \$ _____ TEMPORARY BUSINESS TAX DEPOSIT #2002 \$ _____ GAVE B&O TAX RETURN YES <input type="checkbox"/> NO <input type="checkbox"/> DUE DATE _____ TOTAL AMOUNT PAID \$ _____

FILE COPY



CITY OF ABERDEEN
FINANCE DEPARTMENT
200 E. MARKET ST.
ABERDEEN, WA 98520-5207

Telephone: (360) 537-3225
Fax: (360) 537-5741

NOTICE TO BUSINESSES APPLYING FOR A CITY OF ABERDEEN BUSINESS LICENSE

An Aberdeen Business License is issued under Title 5 of the Aberdeen City code, and does not certify that you have complied with any other City ordinance or code sections. **Each applicant** is responsible for such compliance. Information about City regulations that may affect your ability to operate a business can be obtained from the following departments:

BUILDING	– Building Codes	(360) 537-3214
FIRE	– Fire Codes	(360) 537-3264
POLICE	– Police	(360) 533-4100 Ext. 4411
PLANNING	– Zoning/Home Occupations	(360) 537-3226
LEGAL	– City Attorney	(360) 537-3233
FINANCE	– Business Licensing & Taxation	(360) 537-3225

As a registered business you may also be subject to the following City Taxes: Business and Occupation, Admissions, Gambling, Utility, and/or other licensing requirements. If applicable, a tax return will be mailed quarterly, by ordinary mail, addressed to the address of the company as shown by the records of the Finance Director, or if no such address is shown, to such address as the Director is able to ascertain by reasonable effort. Failure of a person to receive such mailed notice or forms **shall not** release the company from any tax, fees, or penalties thereof. Any amount due and unpaid shall constitute a debt to the City of Aberdeen and may be collected by court proceedings.

If during the course of business you collect Washington State Sales Tax, the city of Aberdeen's location code is 1401 when filing your State Excise Tax return.

I hereby certify that I have read and understand the above document as it pertains to my responsibilities as a business owner.

SIGNATURE

SIGNATURE

BUSINESS NAME

DATE

BUSINESS LOCATION

BUSINESS NAME _____ PHONE _____

ADDRESS _____ TYPE _____

**PERSON WITH KEY TO
NOTIFY IN CASE OF EMERGENCY**

NO. 1 _____
NAME

NO. 3 _____
NAME

HOME
PHONE _____

HOME
PHONE _____

NO. 2 _____
NAME

YES NO LOCATION

SAFE _____

HOME
PHONE _____

ALARM _____

NIGHT LIGHT _____